AMNESTY
ARIZONA FORM
120S

AMNESTY Arizona Income Tax Return for an S Corporation

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Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153 CHECK ONE Calendar year ☐ Fiscal year ☐ Business telephone number Use label. Otherwise please Number and street Number and street AZ withholding tax number	1205		For taxable	e year beginning, 19, and ending, 19	Origi		CK ONE	
Calendar year Fixeal year	Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix A7 85072-2153				Original			
Distributive Dist			mail to. N	izona Department of Nevertue, 1 O Dox 32133, 1 nochix 1/2 03072 2133	Calend			
Otherwise Mathematical Number Computation Computatio	Susiness telephone number Use Name			Federal (employe	r ID number		
Subsets Subset	()			Number and street	AZ withh	oldina ta	ax number	
Information A is this the corporation's final Arizona return? Name change Address change For DOR use only	Business activity cod					g		
Information A S this the corporation's final Arizona return?	(from your federal Form 1120S) print City or town, state and ZIP code		AZ transaction privilege tax number					
Business conducted within and without the State of Arizona? Yes No No Total number of nonesident shareholders Yes No Total number of nonesident shareholders Yes No No Total number of nonesident shareholders Total n	Check box if:		This is a first i	is is a first return Name change Address change For DOR use				
	Information	A Ist	his the corporati	on's final Arizona return? Yes No				
Federal LD. no. of the successor copporation	69	lf y	es, check one:	Dissolved ☐ Withdrawn ☐ Merge/Reorg ☐				
State of Arizona?		Fe	deral I.D. no. of	he successor corporation				
C is a composite return being filled?		B Bu	siness conducte					
Distributive E Total number of nonresident shareholders E Total number of resident shareholders E Total number of resident shareholders Distributive Income 1 Total distributive income (loss) - From federal Form 1120S, Schodule K 1								
E Total number of resident shareholders E			•	· · · · · · · · · · · · · · · · · · ·				
Distributive Income						66		
Total distributive income (loss) - Fram federal Form 1120S, Schedule K		E To:	al number of res	dent shareholders				
COMPLETE LINES 2-13 ONLY IF THE S CORPORATION HAS EXCESS NET PASSIVE INCOME OR CAPITAL GAINS/BUILT-IN GAINS. AN S CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-13 MUST COMPLETE LINES 1-32 IF THE S CORPORATION HAS A TAX LIBRILITY FROM THE RECAPTURE OF TAX CREDITS. Income Subject 2 Excess net passive income 3 Capital gains/built-in-gains 4 00		1	Total distributiv	e income (loss) - From federal Form 1120S Schedule K		1	00	
ANS CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-13 MUST COMPLETE LINES 14-32 IF THE S CORPORATION HAS A TAX LIABILITY FROM THE RECAPTURE OF TAX CREDITS. Income Subject to Federal and Arizona	IIICOIIIE					NC I] 00	
Tax and Credits Tax credits - From Arizona comporate income tax - subtract line 12 from line 11 Tax credits - From Arizona Form 300, Part II Tax credits - From Arizona Form 300, Part II Tax credits - From Arizona Form 300, Part II Tax credits - From Ining In Subtolal - subtract line 17 from line 16 Tax credits - From Ining Ini		AN	S CORPORATIO	N THAT IS NOT REQUIRED TO COMPLETE LINES 2-13 MUST COMPLETE LINES 14-32 IF THE S CO				
Tax and Credits Tax credits - From Arizona comporate income tax - subtract line 12 from line 11 Tax credits - From Arizona Form 300, Part II Tax credits - From Arizona Form 300, Part II Tax credits - From Arizona Form 300, Part II Tax credits - From Ining In Subtolal - subtract line 17 from line 16 Tax credits - From Ining Ini	Income Subject	t 2	Excess net nas	sive income 2	00			
Arizona Corporate A Total federal income subject to corporate income tax - add lines 2 and 3 WHOLLY ARIZONA'S CORPORATIONS GO TO LINE 11, MULTISTATE'S CORPORATIONS GO TO LINE 5. Sonapportionable income - subtract line 5 from line 4 6 00	-	_	•					
Corporate Income Taxes S	Arizona			9 		4	00	
Society Soci	•	•		·				
7	Income Taxes	5						
8 Income apportioned to Arizona - Iiine 6 multiplied by line 7. 9 000 10 Total income allocated to Arizona - attach schedule 9 000 11 Arizona income before taxes - from line 4 or line 10 111 000 12 Arizona income before taxes - from line 4 or line 10 112 000 13 Net income subject to Arizona corporate income tax - subtract line 12 from line 11 13 000 14 Enter tax - see instructions before completing this line 14 14 000 15 Tax from recapture of credits - from Arizona Form 300, Part II 15 000 16 Subtotal - add lines 14 and 15 16 000 17 Tax credits - from Arizona Form 300, Part II 17 000 18 Credit type - enter form number for each credit claimed 18 3 3 3 3 17 19 Subtotal - subtract line 17 from line 16 19 000 20 Correctional industries recapture tax - from Arizona Form 300, Part II 20 000 21 Tax liability - add lines 19 and 20 21 000 22 Tax paid when filing Arizona Form 120 EXT - attach copy 22 000 21 1 ax liability - add lines 19 and 20 21 000 21 Tax paid when filing Arizona Form 120 EXT - attach copy 22 000 21 24 101 24 24 25 25 000 25 25 26 25 26 25 26 26		6	Apportionable	Apportionable income - subtract line 5 from line 4				
9 Other income allocated to Arizona - attach schedule 9 00 00 10 10 101		7	Arizona apport	rizona apportionment ratio - see Schedule C instructions				
10 Total income attributable to Arizona - add lines 8 and 9		8	Income apporti	oned to Arizona - line 6 multiplied by line 7			00	
11		9			⊢	-		
12 Arizona income tax - see Schedule B instructions and check box 13 Net income subject to Arizona corporate income tax - subtract line 12 from line 11 13 00		10				-		
Tax and Credits		11				-		
Tax and Credits								
Tax and Tax and Tax from recapture of credits - from Arizona Form 300, Part II 16								
16 Subtotal - add lines 14 and 15	Tax and			. •	_	-		
17 Tax credits - from Arizona Form 300, Part II 17 00 18 Credit type - enter form number for each credit claimed 18 3 3 3 3 3 3 3 3 3	Credits			·				
18 Credit type - enter form number for each credit claimed 18 3 3 3 3 9 19 9 90 90 90 90 90								
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21 Tax liability - add lines 19 and 20 21 00		20				_		
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31 Amount of line 30 to be applied to 1998 estimated tax	rax Due	29					00	
32 Amount to be refunded - subtract line 31 from line 30		30			<u> </u> ;	30	00	
				···				
		32	Amount to be r	efunded - subtract line 31 from line 30	;			

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	A1 Date business began in Arizona or date income was first derived from Ariz	ona sources				
6 1 1 1 4	A2 Audit to be conducted at					
Schedule A						
Additional						
Information	A4 Audit contact telephone no.					
	A5 Have you been notified of a change in your federal net income tax liability f	or any year prior to the	filing of this return?			
	State years (Note:					
	cover, when final, to the Arizona Department of Revenue.)	,	'	5 1		
	List years for which federal waivers are in effect at the close of this year ar	nd the date on which the	ey expire			
	A6 Principal business activity					
	A7 Enter amount of Arizona taxable income for prior year					
	A8 Did the corporation pay withholding taxes to Arizona? If so, beginning which	_ *				
	A9 This return is made on the basis of: Cash Accrual Other (Specify method)					
Schedule B Arizona Tax	NOTE: S CORPORATIONS THAT HAVE TAX FROM THE RECAPTURE OF TAX CF MUST USE THE SCHEDULE B WORKSHEET IN THE INSTRUCTIONS. DO	REDITS OR ARE CLAIMIN	OS SCHEDULE B.			
Deduction	B1 Arizona income before taxes - page 1, line 11			00		
Worksheet	B2 Arizona tax rate		B	32 0 9		
	B3 Subtotal: multiply line B1 by line B2		B	00		
	B4 1 plus the tax rate - line B2		B	34 1 • 0 9		
	5 Total: line B3 divided by line B4 (if less than \$50, enter the minimum tax of \$50). Line B5 is the accrued Arizona					
	tax deduction. Enter this amount on page 1, line 12. This should also equa	l the tax computed for p	page 1, line 14 E	35 00		
Schedule C Apportionment Formula (Multistate	The following information must be submitted by all S corporations having income from sources both within and without Arizona. Average lines C1(a) through C1(f). Arizona requires a double-weighted sales factor. See instructions on pages 7 and 8 before completing this section. (a) (b) (c)					
S Corporations		Total within	Total everywhere	Ratio within Arizona		
Only)		Arizona	Cverywhere	(a) / (b)		
	C1 Average yearly value of real and tangible personal property:			(4) / (5)		
	(a) Inventory					
	(b) Depreciable assets - at original cost					
	(c) Land					
	(d) Other - describe					
	(e) Less construction in progress					
	(f) Less nonbusiness property					
	(g) Net annual rent paid for leased property, multiplied by 8					
	(h) Total real and tangible personal property used					
	C2 Wages, salaries, commissions and other compensation of employees					
	as shown per federal Form 1120S or payroll reports					
	C3 (a) Gross sales, less returns and allowances					
	(b) Sales delivered or shipped to Arizona purchasers:			_		
	• • • • • • • • • • • • • • • • • • • •					
	(1) Shipped from outside Arizona					
	(2) Shipped from within Arizona		-			
	(c) Sales shipped from Arizona to:					
	(1) The United States Government					
	(2) Purchasers in a state where the taxpayer would not be					
	taxable (e.g. under Public Law 86-272)			7		
	(d) Other gross receipts (rents, royalties, interest, etc.)					
	(e) Total sales within Arizona					
	(f) Double weight sales factor	X 2				
	(g) Sales factor ratio. For column (a), multiply line C3(e) by line C3(f);		_			
	for column (b), add lines C3(a) and C3(d)					
	C4 Total ratio - add lines C1(h), C2 and C3(g) in column (c)					
	C5 Average ratio - divide line C4 by four (4). Enter the result in column					
	(c) and on page 1, line 7					

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Information of Shareholders		Name and address	Social security number and/or federal ID number	Percent of ownership	Distributive share of income (loss)	Check here if shareholder is nonresident	
	A						
	В						
	С						
	D						
	E						
	F						
	G						
	Н						
			TOTALS				
Certification	The fellowing and fee			and the same of the standard	(- CC)		
	The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer). Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.						
Please	Officer's signature		Title		Date		
Sign Here	Officer's signature				Date		
11010	Officer's signature Title			Date			
Paid Preparer's Use Only	Preparer's signature		Date		1		
	Firm's name (or preparer's	s, if self-employed)			Preparer's TIN		
	Firm's address				ZIP code		